

Name In Full

Certificate of Death

Calvin L. Army

Town

County

Died at

Springfield Hospital - Carroll

MARYLAND

Date

1960

Month

6

Day

30

Y.

M.

D.

Age

68

Native of

Md.

Occupation

Preacher

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Senile Dementia

How long sick

Death

Immediate

General debility

Accident, Suicide, Homicide

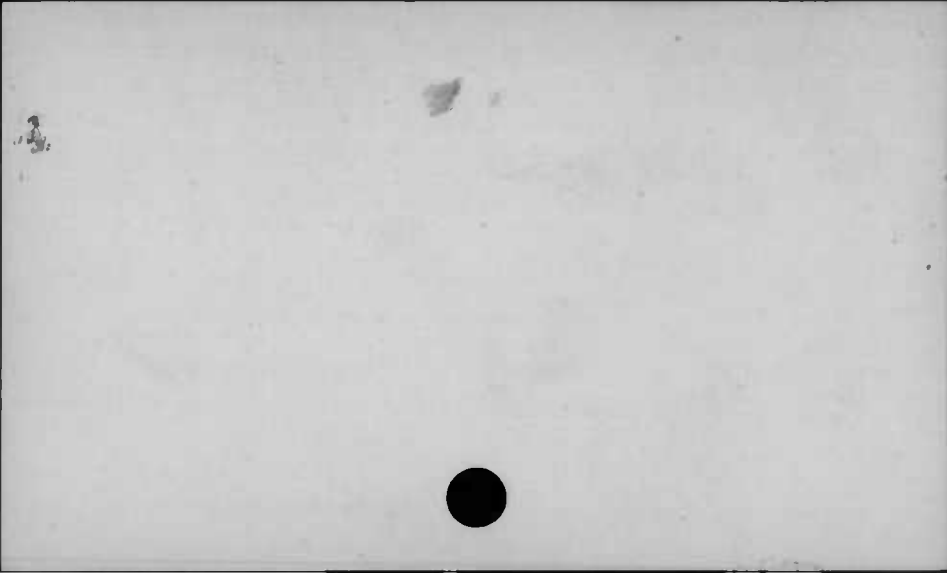
Reported by

Chas. J. Carey M.D.

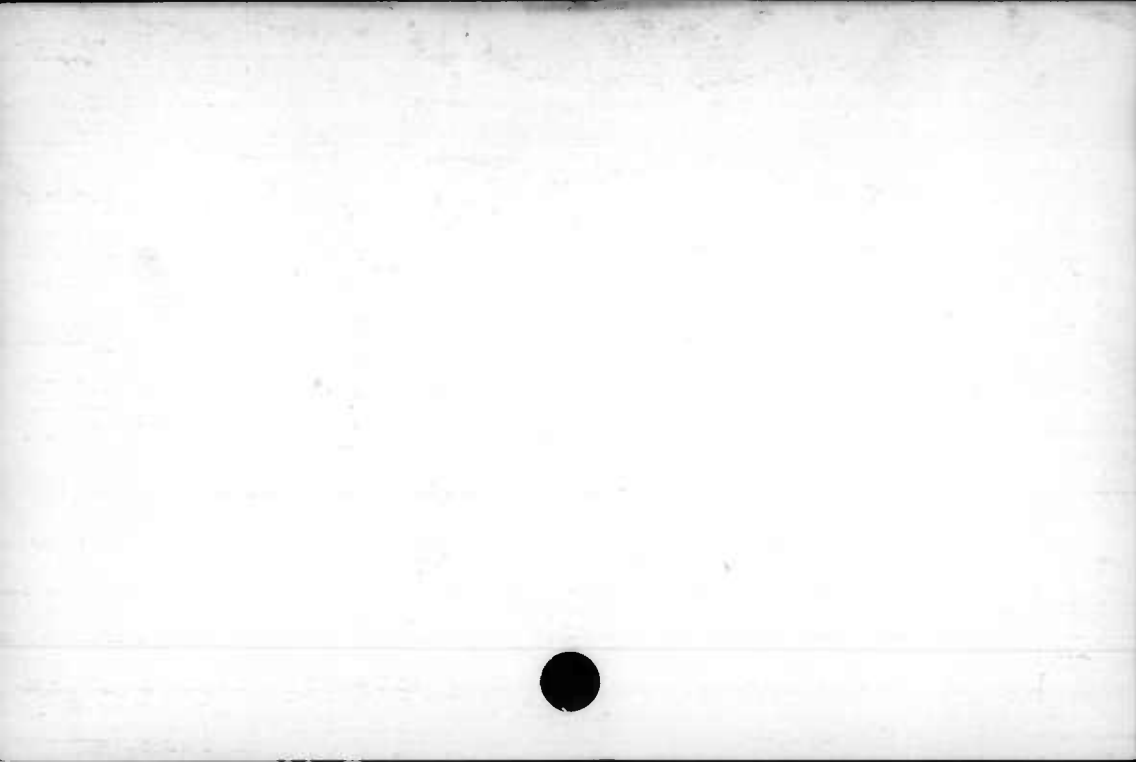
Address

Lykewille Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Susannah Barnhardt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>D. P. Creek.</i>		County <i>Corroon</i>		MARYLAND		
	Date of death	1905	Month <i>June</i>	Day <i>28</i>	Age <i>87</i>	Years	Months <i>2</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>			
	Occupation <i>None -</i>			Where Residing if not at place of death <i>-</i>			
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>-</i>				
	Father's Name <i>William Carmack.</i>				Father's Birthplace <i>Maryland.</i>		
	Mother's Maiden Name <i>Cydia Ott.</i>				Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Chas. Michide</i>				How related to deceased <i>Cousin</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Age. General debility</i>				How long <i>-</i>		
	Immediate <i>Chrupolic</i>				How long <i>9 hours.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>Chas. H. Diller</i>		
					Address <i>D. P. Creek - Maryland.</i>		
Accident or Suicide? <i>-</i>							



Name in Full		Alice Estelle Bedford				Bedford		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Mt. Airy		County Carroll		MARYLAND	
		Date of death	1905	Month June	Day 23	Age	27	Years	Months 6
		Sex	female		Color or Race	white		Birth-place	H. Morgan's Co.
		Occupation			Where Residing if not at place of death		Halethorpe - Balto. Co.		
		Married, Single or Widowed	single		Name of Wife or Husband				
		Father's Name	J. H. Bedford				Father's Birthplace	Foreontown Ind.	
		Mother's Maiden Name	Kate May				Mother's Birthplace	H. Morgan's Co.	
		Name of person giving information	J. H. Bedford				How related to deceased	father	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Scarlet fever				How long	8 days	
		Immediate	Heart failure				How long	4 hours	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Henry P. Parker	
						Address		Garrett Hospital Mt. Airy -	
		Accident or Suicide?		no					



Name
in
Full

Geo. B. M. Cleland Coell No 252

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

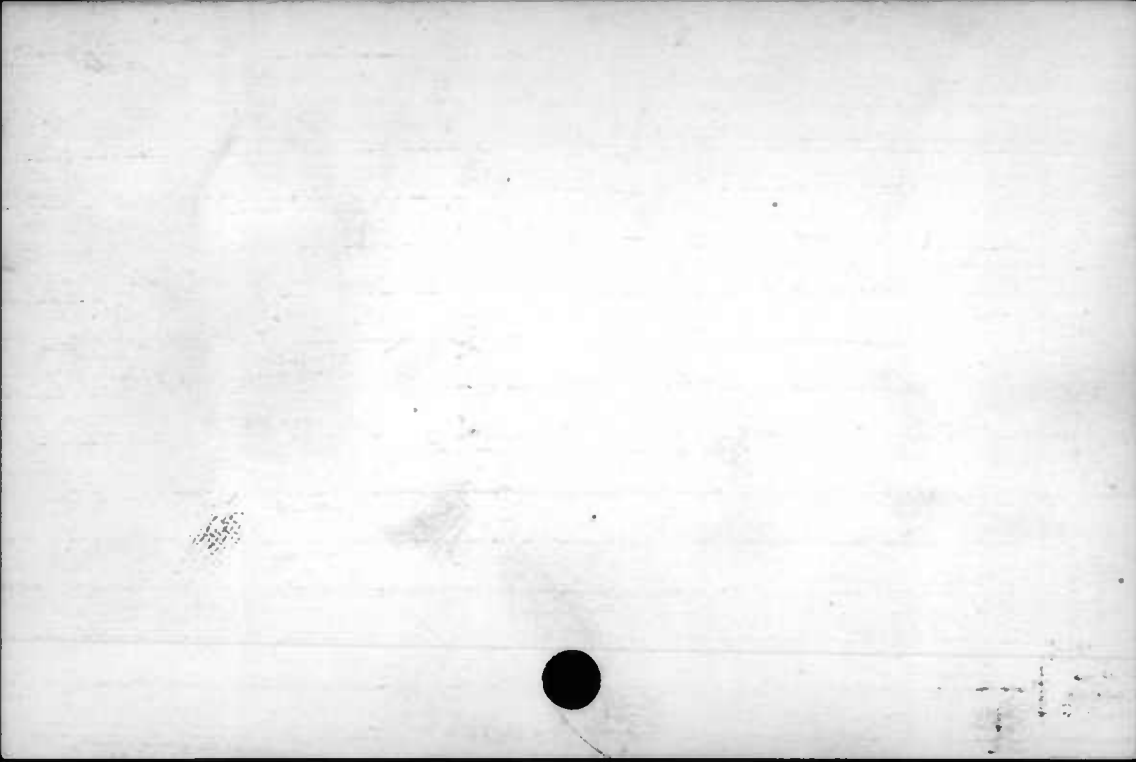
Died at <u>Ransom St N MRR</u> ^{Town}		<u>Essex</u> ^{County}		MARYLAND	
Date of death	<u>1905</u>	Month	<u>June</u>	Day	<u>17</u>
Age		<u>42</u>	Years	Months	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birthplace	<u>Munom Budge</u>
Occupation	<u>RR Engineer</u>		Where Residing if not at place of death <u>Baltimore</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Nettie Coell</u>			
Father's Name	<u>John Coell</u>			Father's Birthplace <u>Baltimore</u>	
Mother's Maiden Name	<u>Anna Buckley</u>			Mother's Birthplace <u>Buckey</u>	
Name of person giving information	<u>Mrs Buckley</u>			How related to deceased <u>Adult</u>	

CAUSES OF DEATH

Killed at

PHYSICIAN
OR CORONER

Primary	<u>No Certificate off RR</u>	How long	<u>Ransom</u>
Immediate	<u>No Doctor Charge</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>m R R Wick</u>	
<u>All information</u>		Address <u>J F Kuhs</u>	
Accident or Suicide? <u>I can give</u>		<u>Undertaker</u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John C. Crouse</i>		Town <i>Patapsco</i>		County <i>Calver</i>		MARYLAND	
Died at <i>Patapsco</i>		Month <i>June</i>		Day <i>17th</i>		Age <i>35</i>	
Date of death <i>1905</i>		Month <i>June</i>		Day <i>17th</i>		Age <i>35</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Taneytown</i>		Months <i>11</i>	
Occupation <i>R.R. Engineer</i>		Where Residing if not at place of death <i>Hagerstown Md</i>		Years <i>35</i>		Days <i>27</i>	
Married, Single or Widowed <i>Married</i>		Name or Wife or Husband <i>Alice</i>		Birthplace <i>Shenandoah</i>		Months <i>11</i>	
Father's Name <i>William Crouse</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>		How related to deceased <i>Friend</i>	
Mother's Maiden Name <i>Widely Harnes</i>		Name of person giving information <i>C. Birnie</i>		How related to deceased <i>Friend</i>		Days <i>27</i>	

CAUSES OF DEATH

Primary	How long
Immediate <i>Rail Road Collision</i>	How long <i>instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>C. Birnie</i>
	Address <i>Taneytown</i>
Accident or Suicide? <i>Accident</i>	

PHYSICIAN
OR CORONER



Name in Full Ellen Jennison Deemitt		CERTIFICATE OF DEATH	
Town Dennings		County Carroll	
Died at		MARYLAND	
Date of death 1905	Month June	Day 14	Age 50
Sex Female		Color or Race white	Birth-place Lisbon Howard Co.
Occupation House wife		Where Residing if not at place of death Dennings	
Married, Single or Widowed Married	Name of Wife or Husband Henry H Deemitt		
Father's Name John N Selby	Father's Birthplace Howard Co.		
Mother's Maiden Name anne Richardson	Mother's Birthplace Harford Co.		
Name of person giving information Henry H Deemitt	How related to deceased Husband		
CAUSES OF DEATH			
Primary Mitral insufficiency + Nephritis	How long five yrs.		
Immediate & exhaustion with Dropsy	How long three months		
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E D Crout rtd.		
	Address Winfield		
Accident or Suicide?	Med.		



Name
in
Full

CERTIFICATE OF DEATH

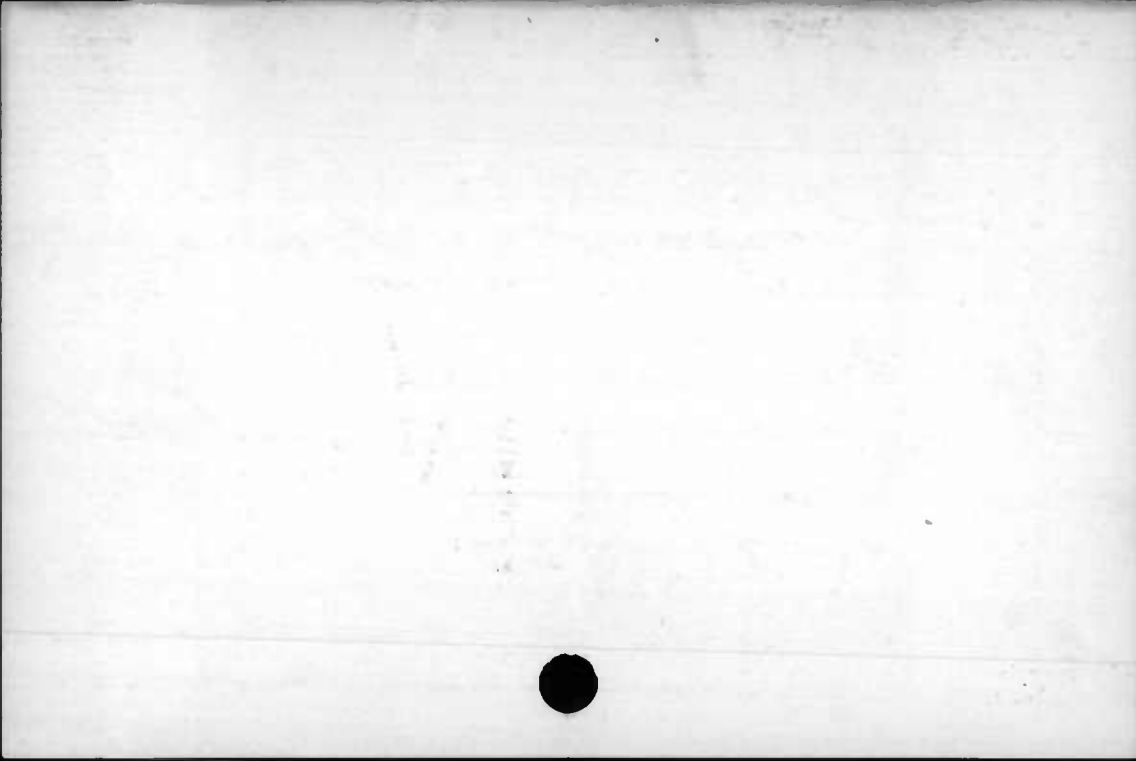
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Vernon O. Derr		Town Ransom sta		County Carroll		MARYLAND	
Died at Ransom sta		Month 6		Day 17		Years 32	
Date of death 1901		Months —		Days —			
Sex male		Color or Race white		Birth-place Md.			
Occupation R. R. Conductor		Where Residing if not at place of death Hagerstown Md.					
Married, Single or Widowed married		Name of Wife or Husband Mrs Katie K. Derr					
Father's Name Emanuel Derr		Father's Birthplace Pa					
Mother's Maiden Name Mary Ellen Sands		Mother's Birthplace md					
Name of person giving information Henry Derr		How related to deceased brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	R. R. Accident	How long
Immediate	R. R. Accident	How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Conductor of Southern Railway
		Address Hagerstown Md.
Accident or Suicide? 1		



Name
in
Full

V. O. Kerr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patafisco</i> <small>Town</small>		County <i>Candell</i>		MARYLAND	
Date of death <i>1905</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>30</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>R.R. Conductor</i>	Where Residing if not at place of death <i>Hagerstown Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>don't know</i>				
Father's Name <i>don't know</i>	Father's Birthplace		Mother's Birthplace		
Mother's Maiden Name <i>" "</i>	How related to deceased <i>Friend</i>		Name of person giving information <i>E. J. Wade</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Rail road Wreck</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank C. Shaver</i>
	Address <i>Watersville Md</i>
Accident or Suicide?	<i>Undertaken</i>

Shaner

Hagerstown

Name
in
Full

Alberta Durham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>13</i>	Age <i>29</i>	Months <i>6</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Westminster, Md</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Widow</i>				
Father's Name <i>Ira Owens</i>	Father's Birthplace <i>Carroll Co</i>				
Mother's Maiden Name <i>Nora Barnes</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Joseph Wilcox</i>	How related to deceased <i>Friend</i>				

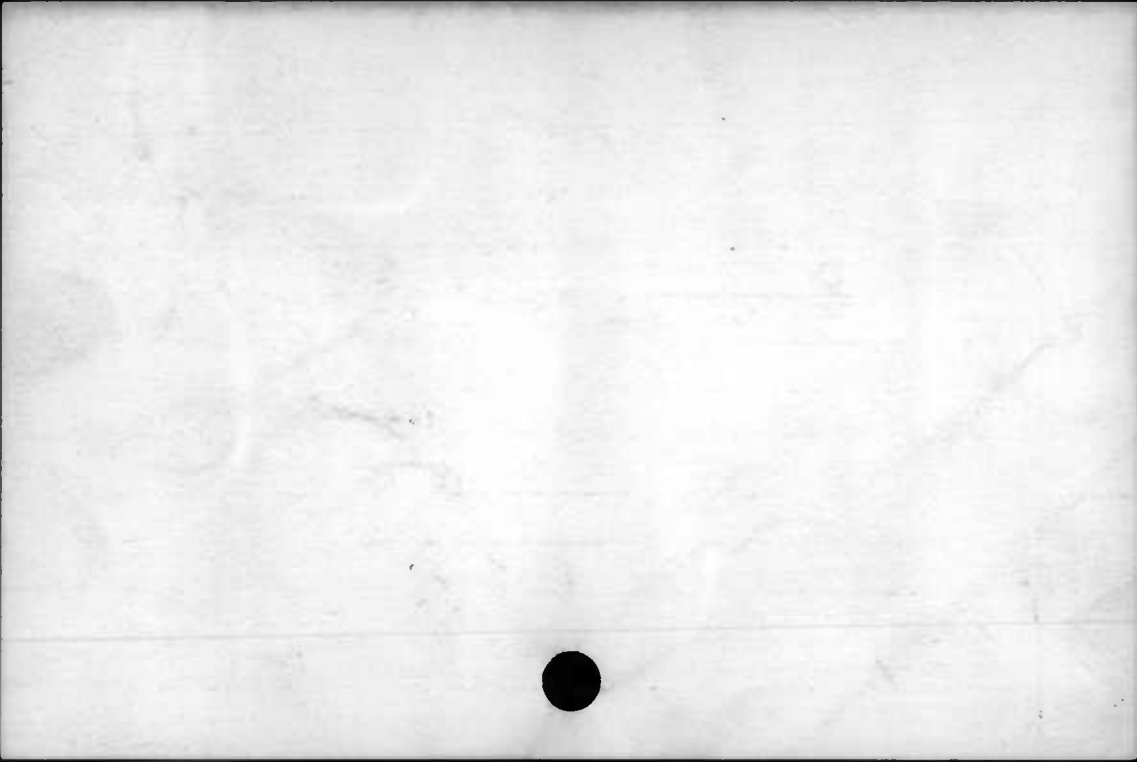
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>5 months</i>
Immediate <i>Heart</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. S. McIntire</i>

Address

Westminster Md
☒ Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Springfield Hospital* ^{County} *Carroll*Date of death *1905* Month *6* Day *7* " Age *41* Years Months — Days —Sex *Male* Color or Race *White* Birth-place *Md.*Occupation *R.R. Employee* Where Residing if not at place of deathMarried, ~~Single~~ *Widowed* Name of Wife or HusbandFather's Name *John Elliott* Father's Birthplace *Md*Mother's Maiden Name *Annie Michael* Mother's Birthplace *Md*Name of person giving information *Chas W. Wright* How related to deceased

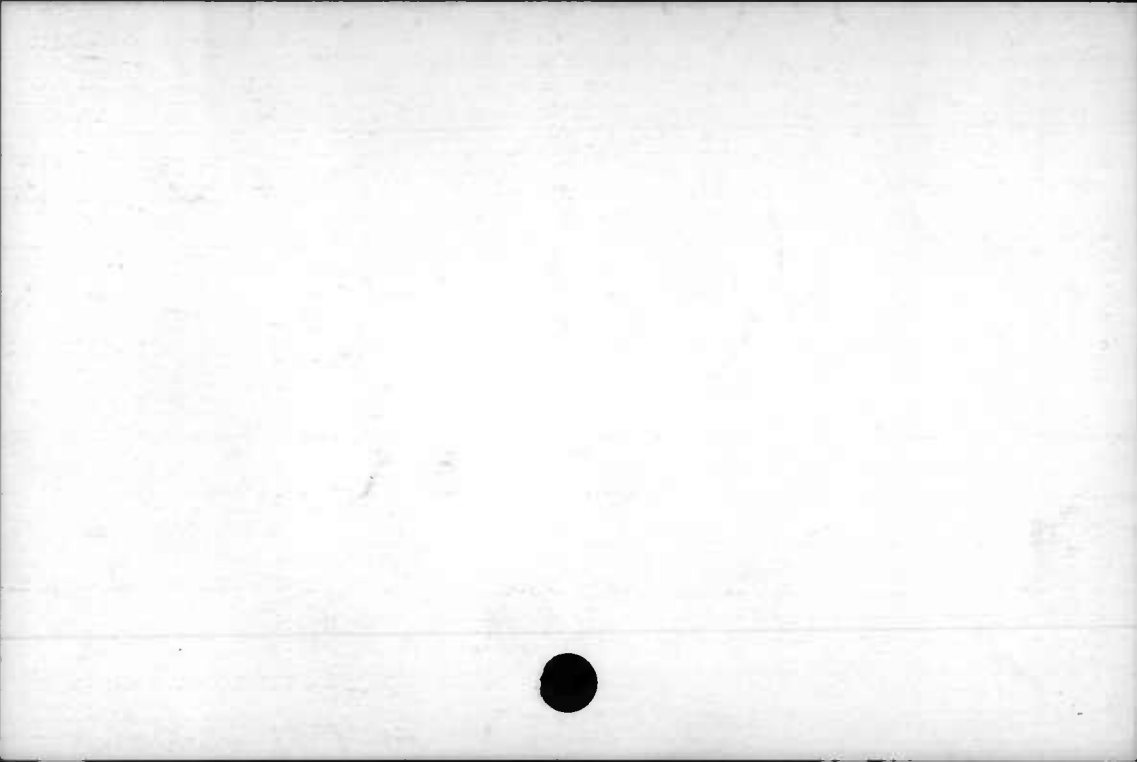
CAUSES OF DEATH

Primary *Epileptic convulsions* How long *64*Immediate *Apoplexy (Cerebral)* How longAre the name, age, sex, color, date and place correctly given above? *Is best*

Signature of Physician

Address

*of my knowledge*Accident or Suicide? *No**Chas. J. Carey*
*Syracuseville Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Calie M Esteline

CERTIFICATE OF DEATH

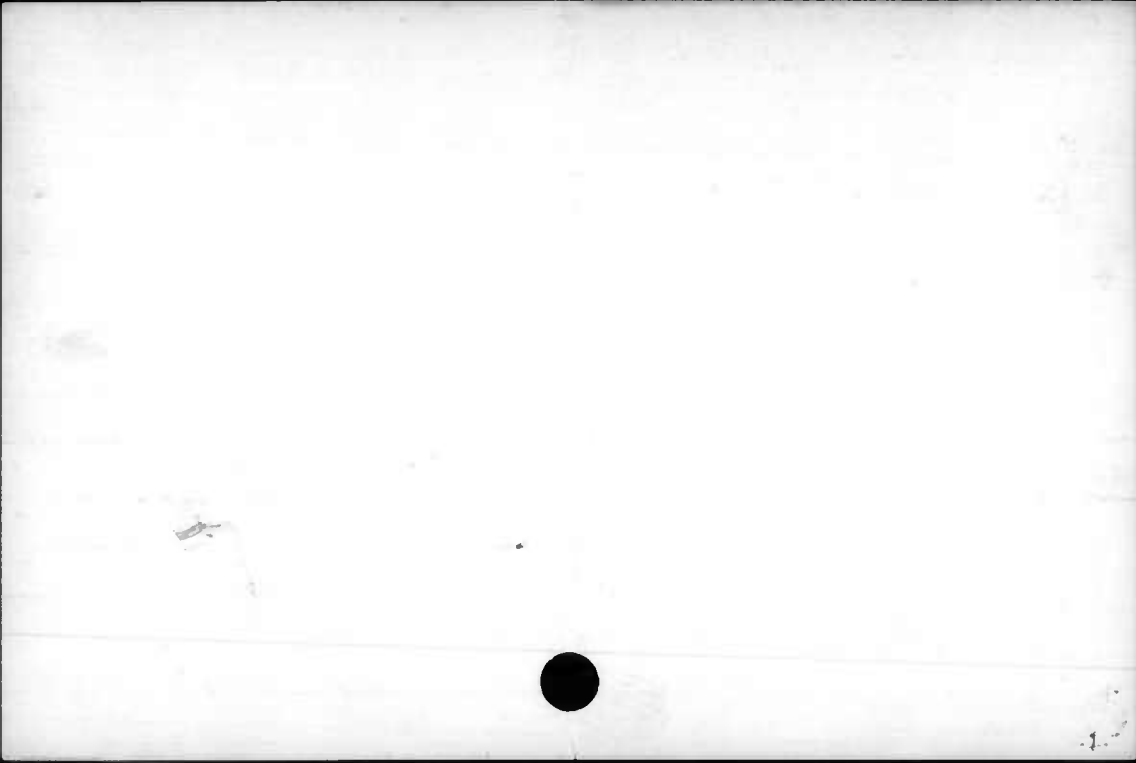
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hampstead			^{County} Carroll			MARYLAND		
Date of death 1905		Month June	Day 3	Age 3	Years 3	Months 7	Days 11	
Sex Female		Color or Race White		Birth-place Hampstead				
Married, Single or Widowed single				Occupation				
Name of Wife or Husband Maggie E. Esteline								
Father's Name John M Esteline						Father's Birthplace		
Mother's Maiden Name Maggie E. Esteline						Mother's Birthplace		
Name of person giving information						How related to deceased		

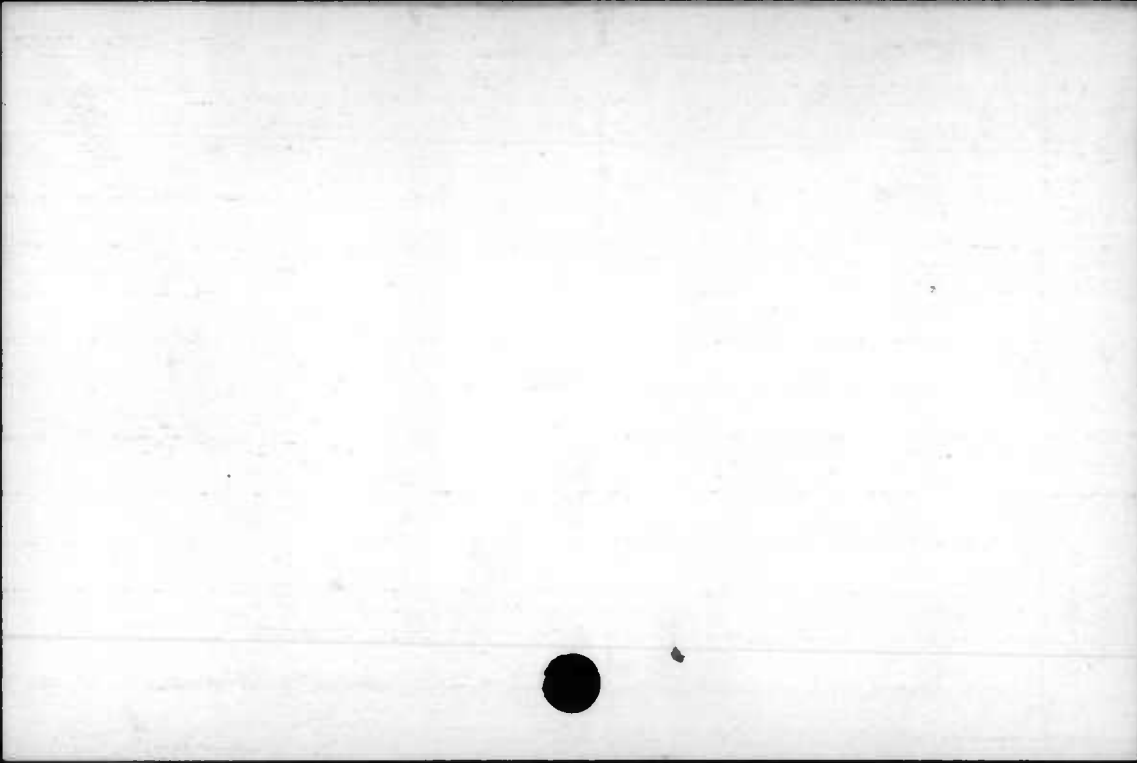
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Phthisis	How long	Two months
Immediate	Heart failure	How long	One hour
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R F Richards	
		Address Hampstead Carroll Co	
Accident or Suicide?			



Name in Full		Carrie E. Foder				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Lykesville			^{County} Carroll		MARYLAND		
		Date of death	1905	Month 6	Day 11 th	Age 64	Years	Months	Days
		Sex	Female		Color or Race	White		Birth- place	Virginia
		Occupation	Housekeeper			Where Residing if not at place of death			-
		Married, Single or Widowed	Widow		Name of Wife or Husband	Not known			
		Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown				
Name of person giving information	Mrs John L. Foder			How related to deceased	Daughter-in-law				
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Senile Dementia			How long	Per 5 yrs.		
		Immediate	Exhaustion			How long	-		
		Are the name, age, sex, color, date and place correctly given above?			Yes				
		Signature of Physician			John Norfolk Morris M.D.				
Address			Springfield Hospital						
Accident or Suicide?			No.			Lykesville Carroll Co Md			
LIBRARY BUREAU 488619									



Name
in
Full

Newton Charles Fowler

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Toneytown

Carroll

Date

Month

Day

Years

Months

Days

of death 1905

6

27

Age

2

Sex

male

Color or
Race

White

Birth-
place

Carroll Co

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George Wamie Fowler

Father's
Birthplace

Carroll Co

Mother's
Maiden Name

Lottie May Beaver

Mother's
BirthplaceName of person giving
Information

George Wamie Fowler

How related
to deceased

Father

CAUSES OF DEATH

Primary

Endocarditis

How long

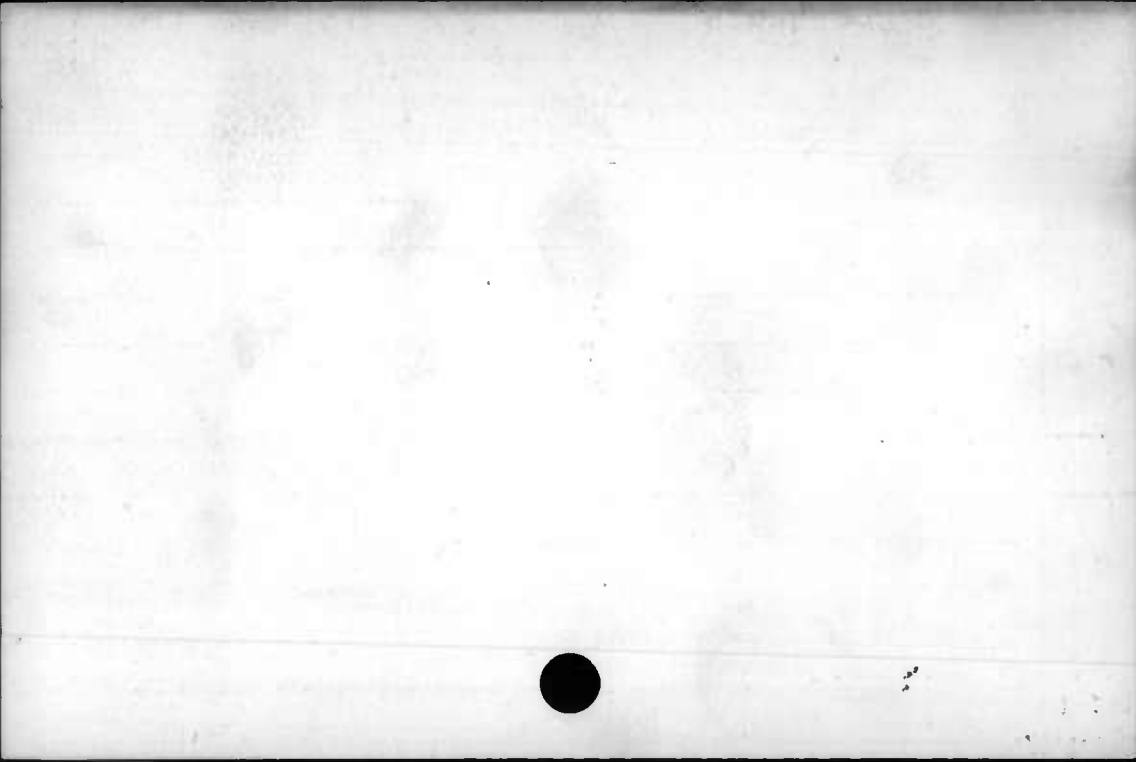
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Nelson Fraley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patapsco</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1905</i> Month <i>June</i>	Day <i>17</i>	Age <i>24</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>John R. Fraley</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>E. J. Wade</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>R.R. Accident.</i>	How long
Immediate <i>Shock.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. R. Foutz M.D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>accident.</i>	

Thurmont

Starr

~~Thurmont~~
~~Starr~~

Name
in
Full

James Graham

No 116

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

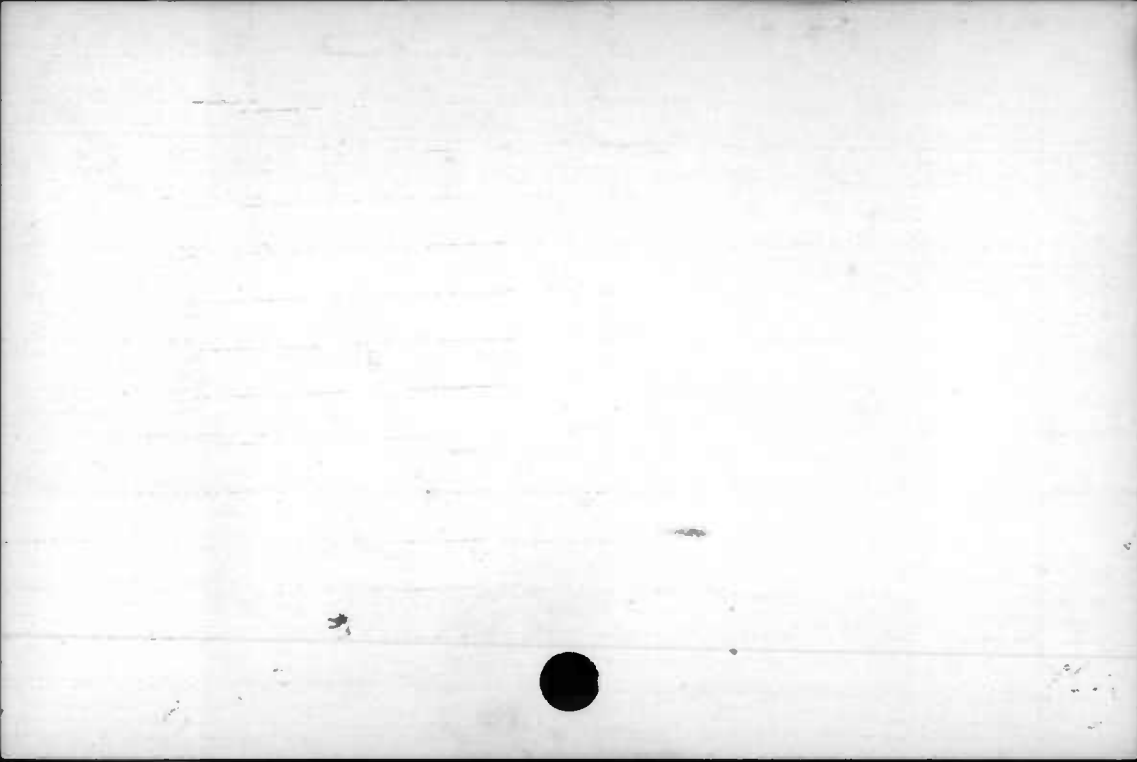
Died at <i>Patapsco</i>		Town		<i>Le Carroll</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>6</i>		Day <i>17</i>		Age <i>40</i>		Years Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>					
Occupation <i>Floater</i>				Where Residing if not at place of death <i>Mar. Thumant</i>					
Married, Single or <u>Widower</u>				Name of Wife or Husband					
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			

CAUSES OF DEATH

Primary		<i>accidental (Rail Road)</i>		How long	
Immediate		<i>_____</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>F. J. Shrinias</i>	
				Address <i>Union Bridge Md.</i>	
Accident or suicide ?					

PHYSICIAN
OR CORONER

1



Name
in
Full

Carroll L Grogg

CERTIFICATE OF DEATH

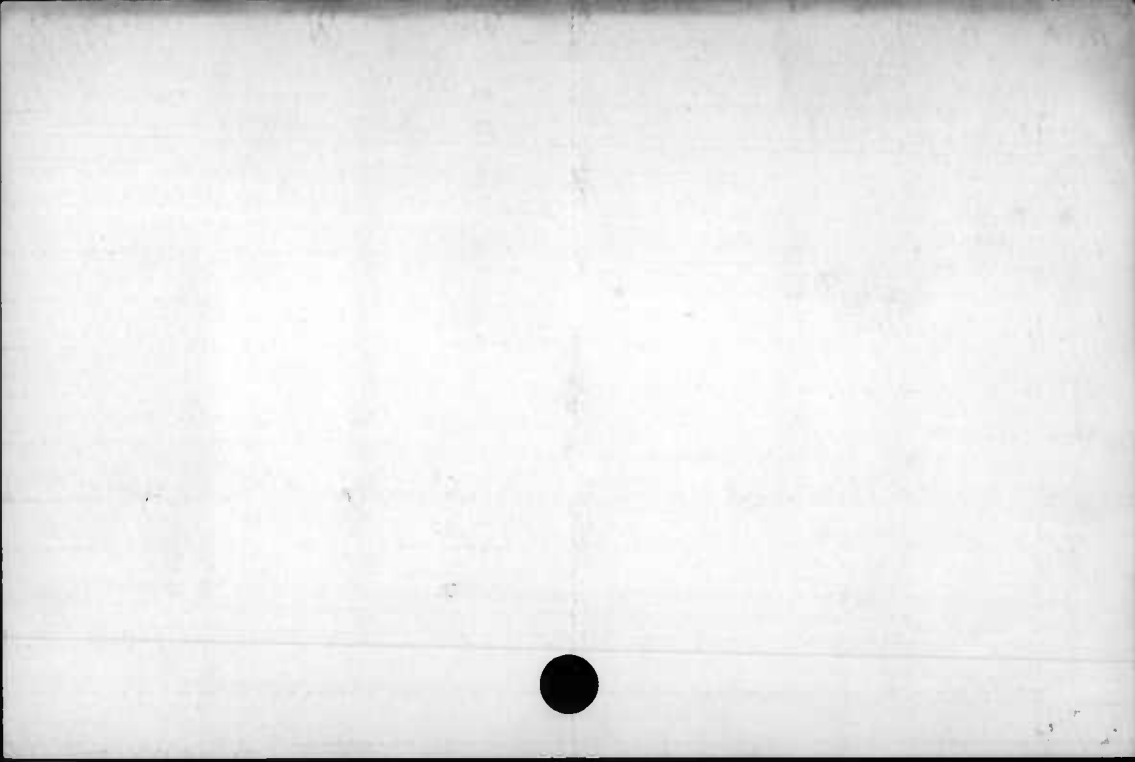
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hauksville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	<i>June</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>2 weeks</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hauksville</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>William E Grogg</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Mary E Ebaugh</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>151</i>	How long <i>Two days</i>
Immediate <i>weakness</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R F Victor</i>	
	Address <i>Hampstead</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Eugene Jackson

CERTIFICATE OF DEATH

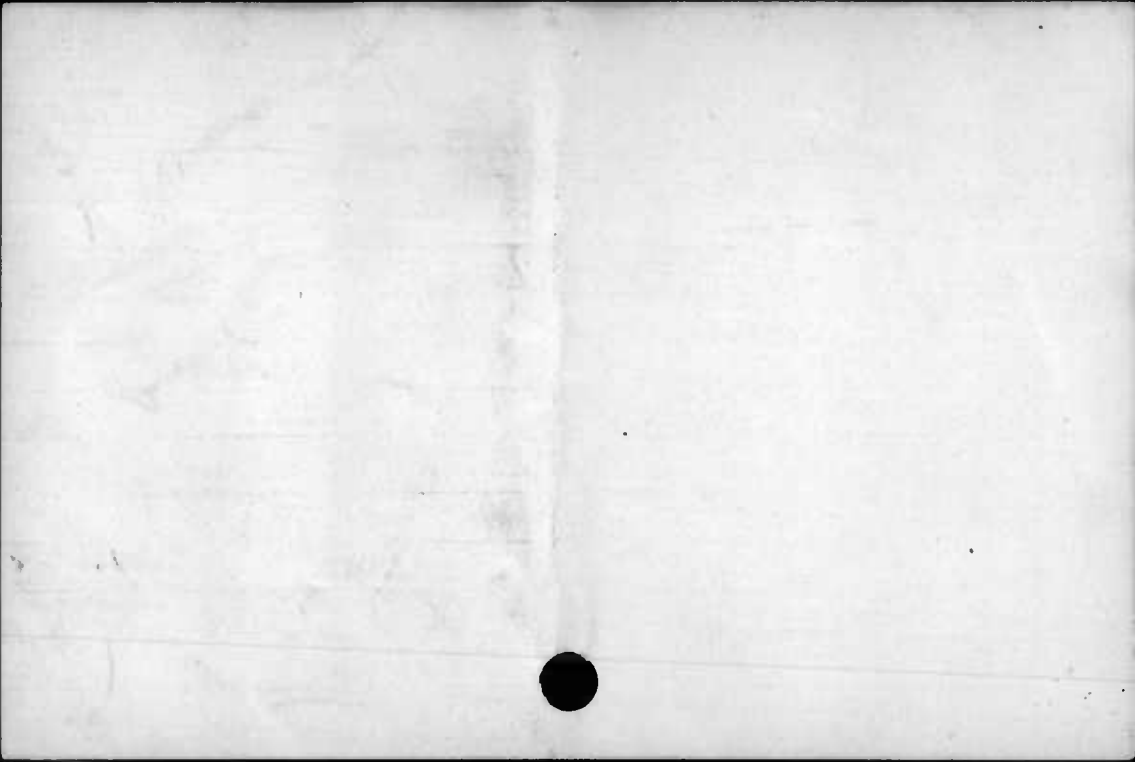
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> ^{town}		County.		MARYLAND	
Date of death <u>1905</u>	Month <u>June</u>	Day <u>11</u>	Age <u>37</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>N.Y.</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>M-Airyt, N.Y.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Eileen Jackson</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>✓</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>✓</u>				
Name of person giving information <u>Info</u>	How related to deceased <u>✓</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Disease</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>L. J. Lewis</u>
	Address <u>Maryland</u>
Accident, or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Kelly

Town *Patafisco* County *Carroll* MARYLAND

Died at *Patafisco*

Date of death *1905* Month *June* Day *17* Age *25* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Not Known*

Occupation *Laborer R. R.* Where Residing if not at place of death *Thurmont Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Not Known*

Father's Name *Not Known* Father's Birthplace *—*

Mother's Maiden Name *" "* Mother's Birthplace *—*

Name of person giving information *E. J. Wade* How related to deceased *Friend*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *166* How long *—*

Immediate *Rail road Wreck* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank C. Sharer*

Address *Westminster Md*

Undertaker *—*

Accident or Suicide? *—*

Shaver

Thurmond

Name
in
Full

Sallie Longwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hester</i> ^{Town}		<i>Carroll</i> ^{County}		STATE OF <i>MARYLAND</i>	
Date of death <i>190</i>	Month <i>June</i>	Day <i>22</i>	Age <i>67</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Marshall</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Pennsylvania</i>		
Father's Name <i>John K. Longwell</i>	Mother's Maiden Name <i>Sarah Elizabeth Longwell</i>		Mother's Birthplace <i>England</i>		
Name of person giving information <i>J. W. Henry</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Deterioration of Brain tissue</i>	How long <i>Five or six weeks</i>
Immediate <i>Inflammation of Brain</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Henry, M.D.</i>
	Address <i>Hester, W. Va.</i>
Accident or Suicide? <i>—</i>	

Shaner

Ruby Cook

Name in Full *Wm. H. McNamee*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ransom Sta.* Town *Carroll* County
Date of death *1905* - Month *6* Day *17* Age *25* Years Months *—* Days *—*
Sex *male* Color or Race *white* Birth-place *Md.*
Occupation *R.R. Fireman* Where Residing if not at place of death *Hagerstown*
Married, Single or Widowed *married* Name of Wife or Husband *Mrs Leah McNamee*
Father's Name *Ises McNamee* Father's Birthplace *Md*
Mother's Maiden Name *—* Mother's Birthplace *—*
Name of person giving information *Mrs Leah McNamee* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *R.R. Accident* *1* *1/2* long
Immediate *R.R. Accident* *1* *1/2* long
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Edw. J. Hunter & Son Undertakers*
Address *Hagerstown Md*

Accident or Suicide? *—*

Salem

Name in Full

Certificate of Death

William M. Martin

Town

County

Died at

Manchester

Carroll

MARYLAND

Date ~~189~~ 1905 June 25 Y. M. D. 8. 25 Native of M. S. Occupation X X

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband

of

Wife

Father's

Name

Richard Martin

Mother's

Name

William M. Martin

Cause of

Primary

Convulsions

Death

Immediate

D.D.O.

How long sick

Accident, Suicide, Homicide

Received by

J. B. Weaver M.D.

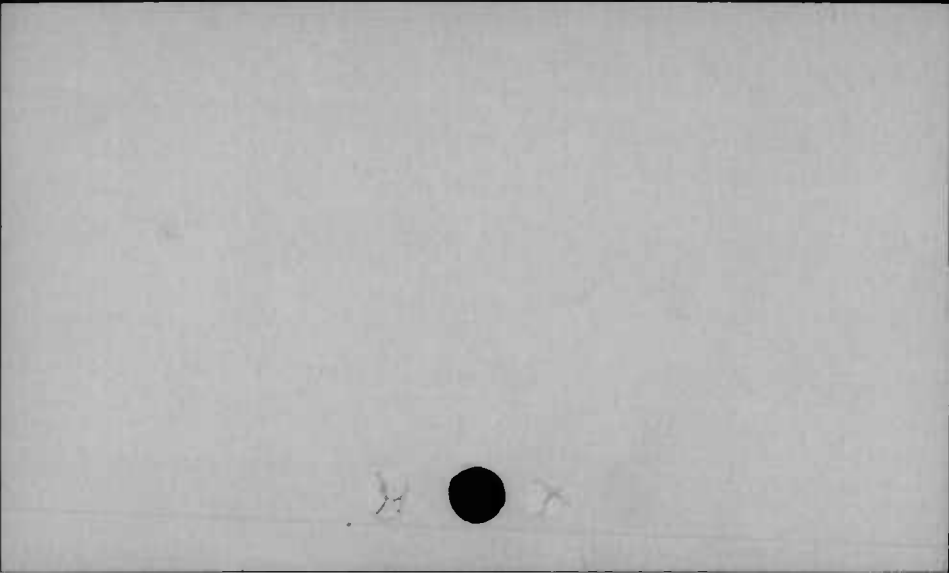
Address

Manchester

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 68965



Name
in
Full

Elmer Miller

No. 118
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Patapsco*, TownCounty *Carroll*Date
of death *190 J*Month *6*Day *17*Age *38*

Years

Months

Days

Sex *male*Color or
Race *white*Birth-
placeOccupation *Flower*Where Residing if not
at place of death *Thermont*Married, ~~Single~~
or ~~Widowed~~Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary *Accidental (Rail Road)*

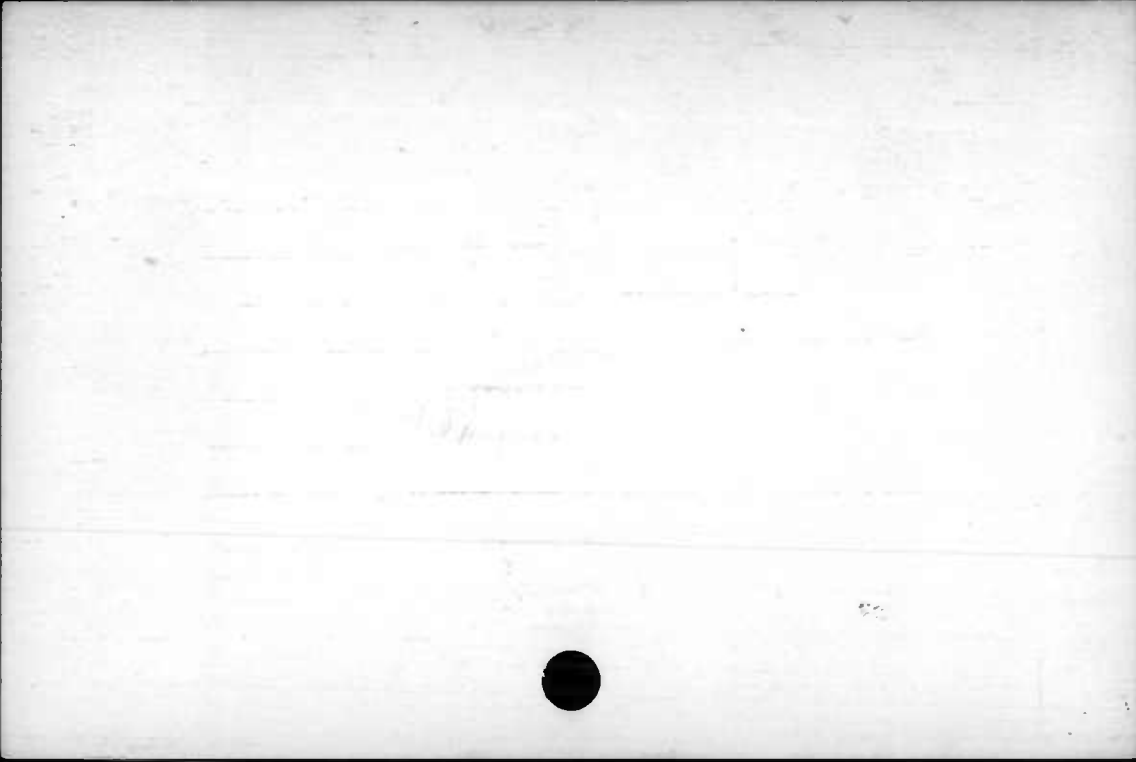
How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *F. J. Shuman*Address *Union Bridge*
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

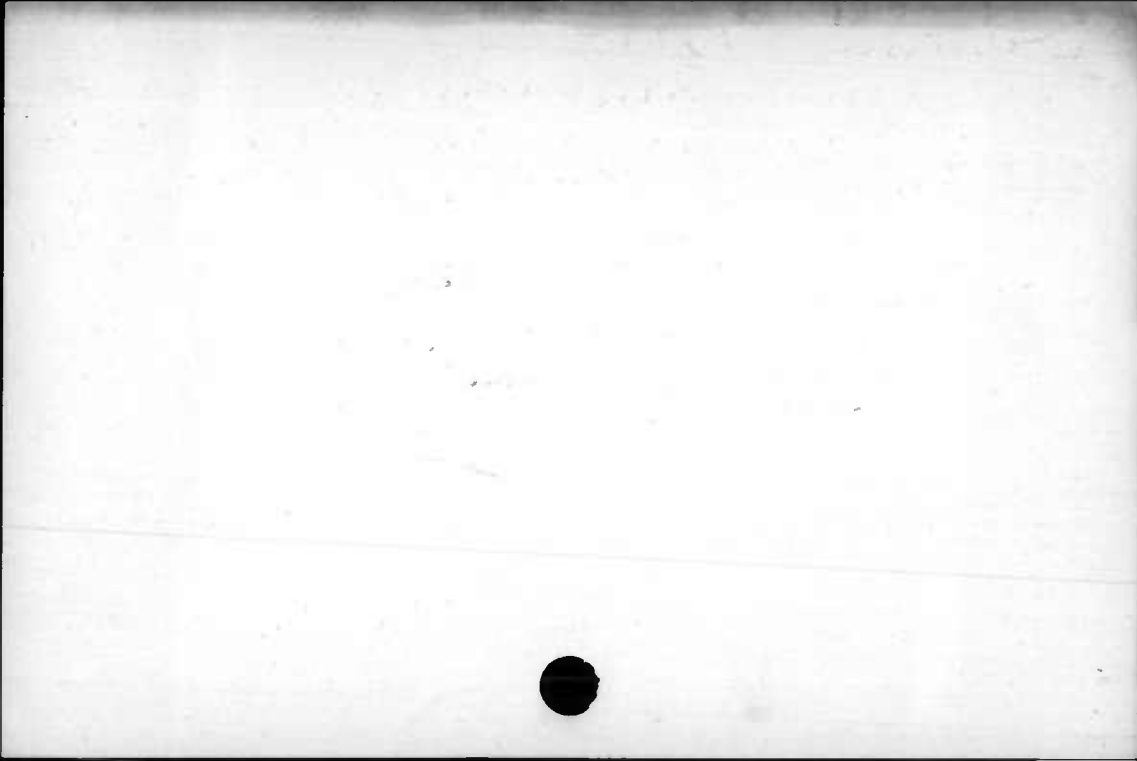
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Silver Run</i>		County <i>Loanall</i>		MARYLAND	
Date of death	1905	Month <i>June</i>	Day <i>18</i>	Age	Years <i>34</i>	Months <i>9</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>md.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Baltimore md</i>				
Married, Single or Widowed		Name of Wife or Husband <i>Peter Myers</i>					
Father's Name <i>Mr. H. H. Humber</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Amanda Robinson</i>		Mother's Birthplace <i>md.</i>					
Name of person giving In formation <i>Mr. H. H. Humber</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer</i>	How long	<i>2 yrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>E. M. Rankenstine</i>	
<i>yes</i>		Address <i>Rankenstine P. O.</i>	
Accident or Suicide?		<i>Penna.</i>	



Name
in
Full

CERTIFICATE OF DEATH

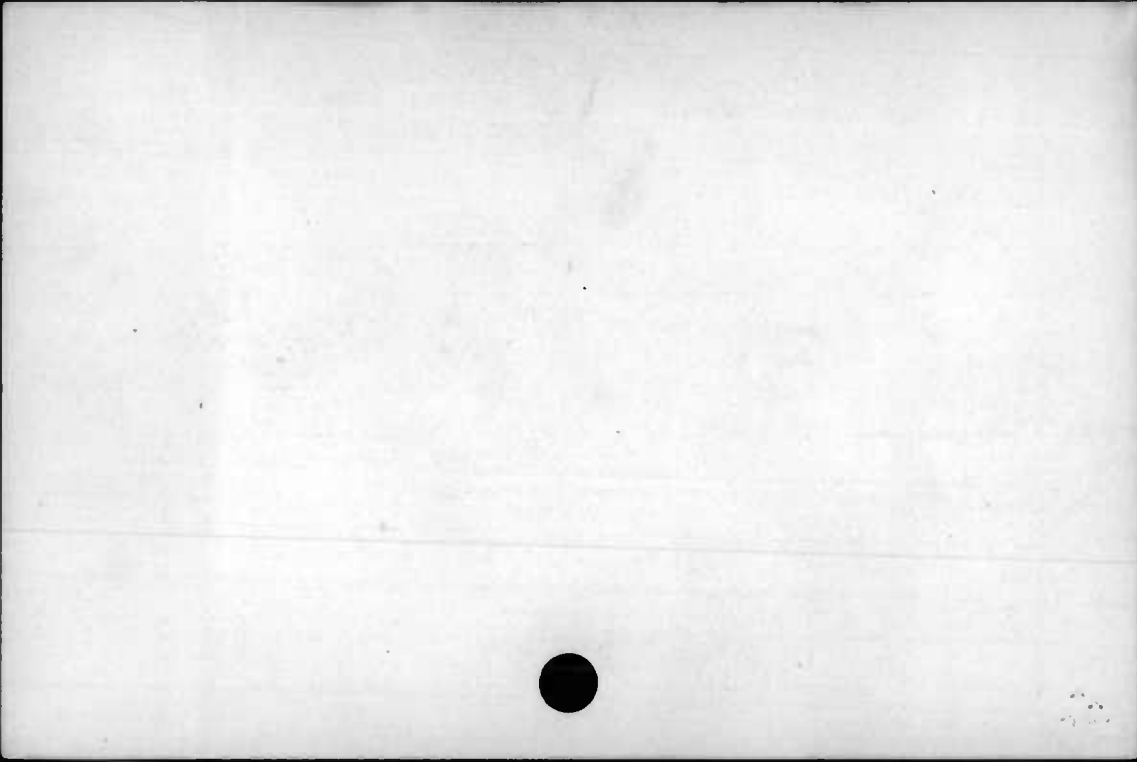
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J. Raphael Helre</i>		Town <i>Mt. Airy</i>		County <i>Concord</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1905 June 16</i>		<i>5</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>U.S.</i>			
Occupation <i></i>		Where Residing (not at place of death) <i>Ganet Hospital</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i></i>		Father's Birthplace <i></i>					
Mother's Maiden Name <i></i>		Mother's Birthplace <i></i>					
Name of person giving information <i></i>		How related to deceased <i></i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lymph glands</i>		How long <i>some months</i>	
Immediate <i>Asphyxia due to pressure</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. P. Parker</i>	
		Address <i>Ganet Hospital</i>	
Accident or Suicide? <i>No</i>		<i>Mt. Airy</i>	



Name
in
FullNo. 119
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patapsco</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>6</i>	Day <i>17</i>	Age <i>25</i>	Months	Days
Sex <i>Man</i>	Color or Race <i>White</i>		Birth-place <i>_____</i>		
Occupation <i>Fireman R.R.</i>		Where Residing if not at place of death <i>_____</i>			
Married , Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

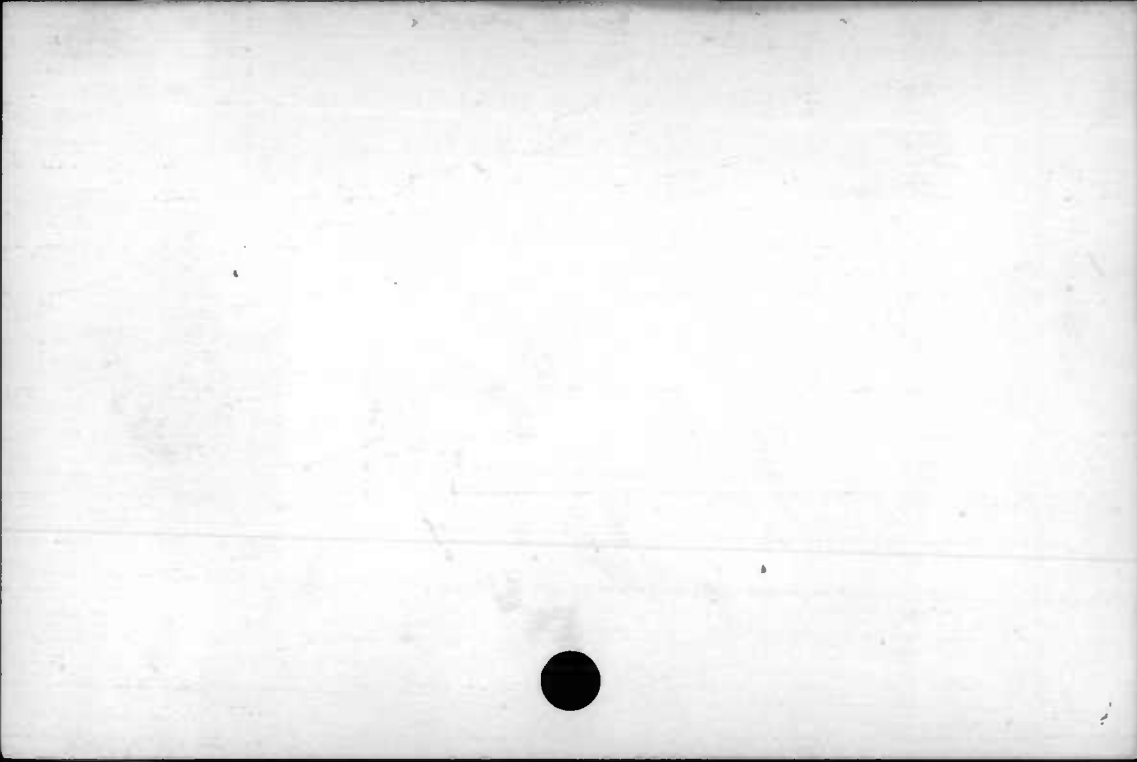
Primary <i>Accidental R.R.</i>	How long <i>100</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Herman. E. Osterhus.

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Eastview^{County} Carroll

Date of death 1908 June

Day 11

Age Years 74

Months 6

Days 26

Sex Male

Color or Race

White

Birth-place

Germany

Occupation

Retired

Where Residing if not at place of death

Married, Single or Widowed

Widower

Name of Wife or Husband

Father's Name

Rudolph Osterhus

Father's Birthplace

Germany

Mother's Maiden Name

Wout Kwon

Mother's Birthplace

Name of person giving information

Edward Osterhus

How related to deceased

Sow.

CAUSES OF DEATH

Primary

Cystitis

How long

2 weeks

Immediate

Uraemia

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. J. Henning
Richmond
MD

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

629

London Parthe

Name
in
Full

CERTIFICATE OF DEATH

William Le Reen Jr
Town Westminister County Carroll

MARYLAND

Died at Date of death 1900 June 4 Age 13
Month Day Years Months Days

Sex Male Color or Race white Birth-place Maryland
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Wm L Reen Father's Birthplace Md

Mother's Maiden Name Ada Brockingham Mother's Birthplace "

Name of person giving information Wm L Reen How related to deceased Father

CAUSES OF DEATH

Primary Acute Indigestion How long _____
Immediate Heart Failure How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

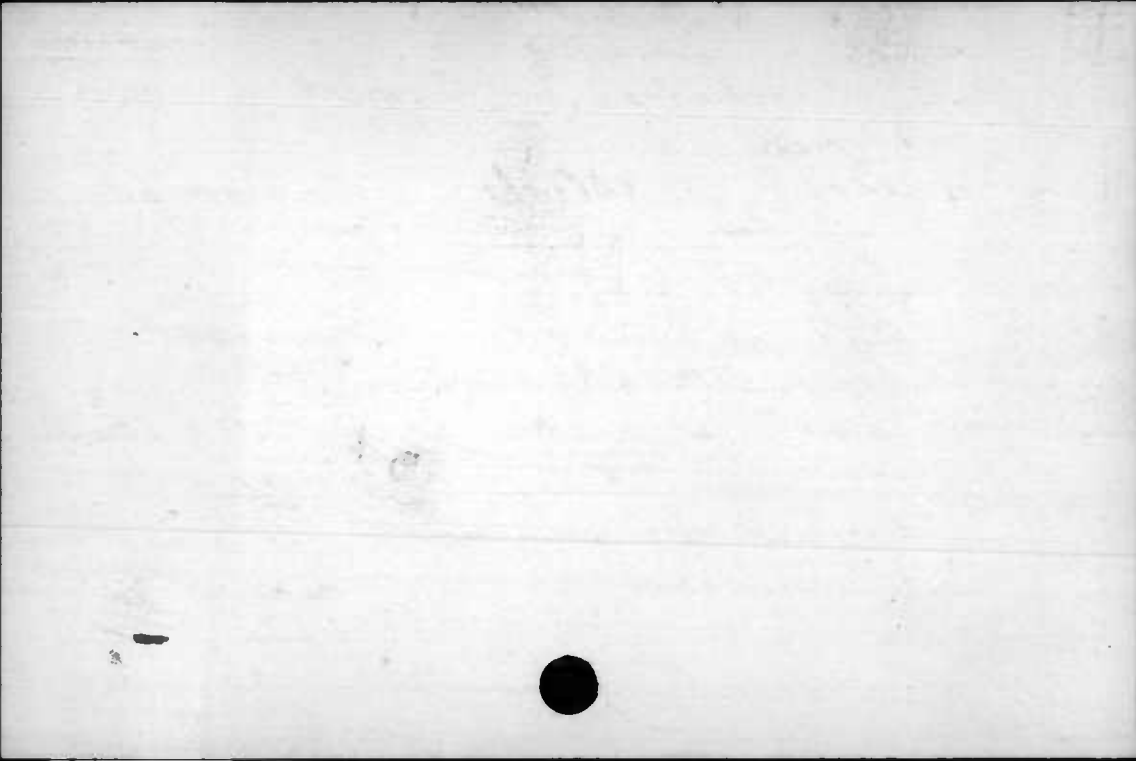
Wm W Wells
Westminister

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

625



Lewis D. Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ransom Station		County Harroll		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1905	6	17	32	8	8
Sex	male	Color or Race	white	Birth-place	Md.
Occupation	R.R. Engineer		Where Residing if not at place of death Hagerstown Md		
Married, Single or Widowed	married	Name of Wife or Husband	Mrs May W. Rice		
Father's Name	Lewis Rice		Father's Birthplace	Md.	
Mother's Maiden Name	Bath. Weller		Mother's Birthplace	"	
Name of person giving information	Mrs May Rice		How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
R.R. Accident		
Are the name, age, sex, color, date and place correctly given above?	yes	
Signature of Physician	E. M. Suter & Son Undertakers	
Address	Hagerstown Md.	
Accident	Caused by	

Memorandum

Name
in
Full

Lewis David Rice

No 257

CERTIFICATE OF DEATH

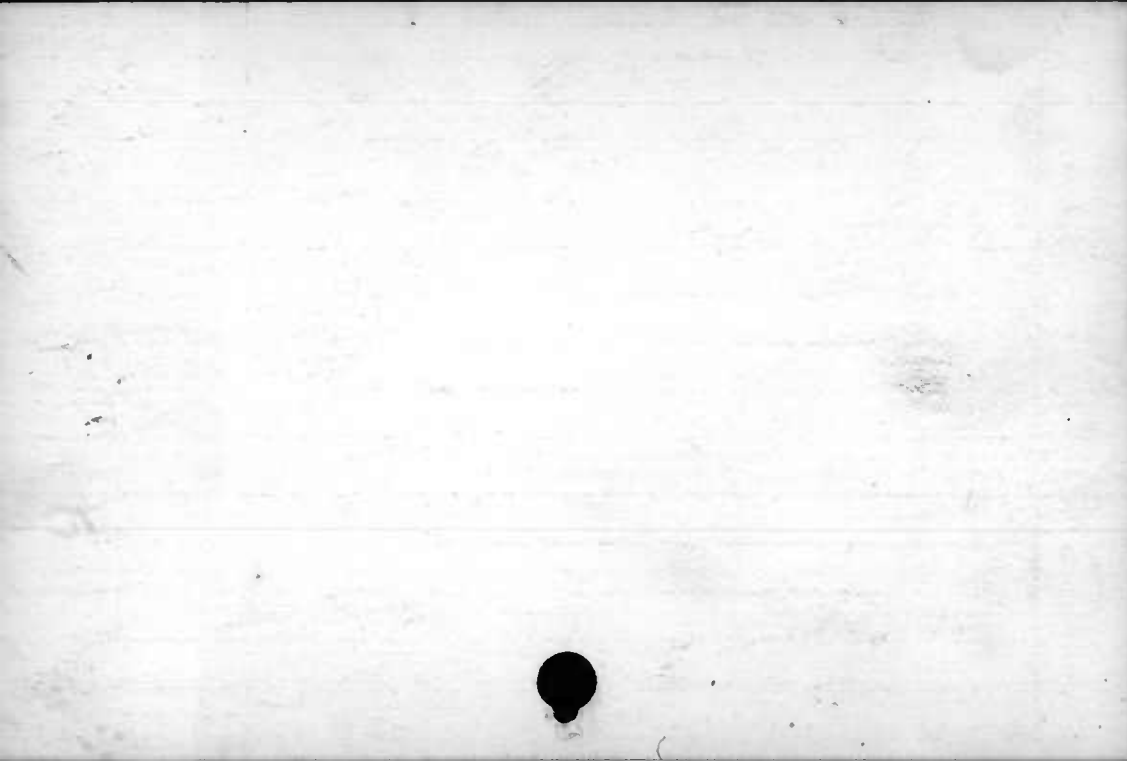
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Ransom St. MRRR</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death ^{Month} <i>1905 June</i>		^{Day} <i>17</i>	^{Years} <i>32</i>	^{Months} <i>8</i>	^{Days} <i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Beckleyville Ma</i>	
Occupation <i>M. M. R. R. Engineer</i>			Where Residing if not at place of death <i>Hagerstown</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan M Wolf</i>			
Father's Name <i>Lewis Rice</i>				Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Mrs. Miller</i>				Mother's Birthplace	
Name of person giving information <i>Susan M Wolf</i>				How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary	<i>No Certificate off R R</i>	How long	<i>Killed at</i>
Immediate	<i>No Dr. here in charge</i>	How long	<i>Ransom St</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. R. R. Truck</i>	
All information		Address <i>J. F. Krebs</i>	
Accident or Suicide? <i>I can give</i>		<i>Musentaker</i>	



Name
in
Full

L. B. Rice

No. *117*
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Petapasco</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>6</i>	Day <i>17</i>	Age <i>35</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>		
Occupation <i>R.R. Engineer</i>	Where Residing if not at place of death <i>Hagerstown</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accident (Rail Road)</i>	How long
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. J. Shriver</i>
	Address <i>Union Bridge Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

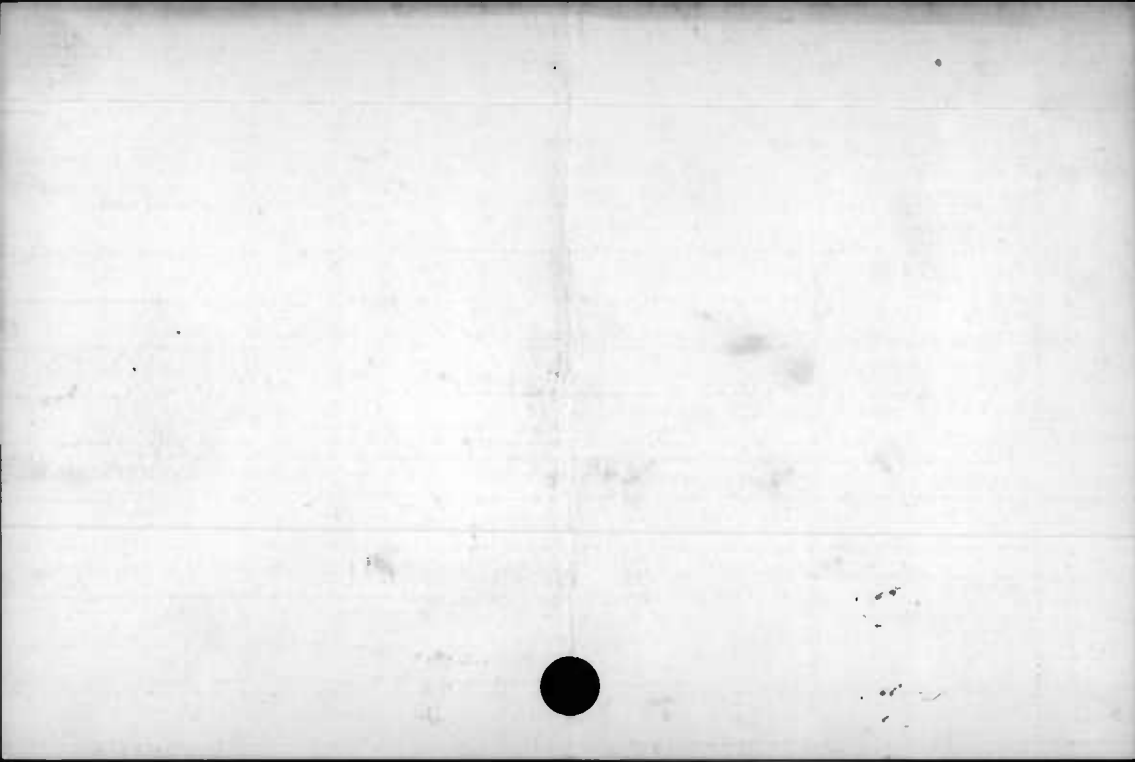
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Abel Seymour</i>		Town <i>Hampstead</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Hampstead</i>		Month <i>6</i>		Day <i>21</i>		Age <i>68</i>	
Date of death 190 <i>5</i>		Month <i>6</i>		Day <i>21</i>		Age <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Phila., Pa.</i>			
Married, Single or Widowed <i>Widower</i>		Occupation _____					
Name of Wife or Husband _____							
Father's Name _____				Father's Birthplace _____			
Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information <i>Mrs. J. H. Gill</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epileptic Convulsions</i>	How long <i>164</i>
Immediate <i>Fracture of skull at base</i>	How long <i>8 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>I think so.</i>	Signature of Physician <i>Edgar M. Bush M. D.</i>
Accident or Suicide? <i>Accident</i>	Address <i>Hampstead, Md.</i>



Name in Full

Certificate of Death

Carolina L Shearer

Town

County

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

June 17

Age

72 9 17

Maryland

Housewife

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

2 hours

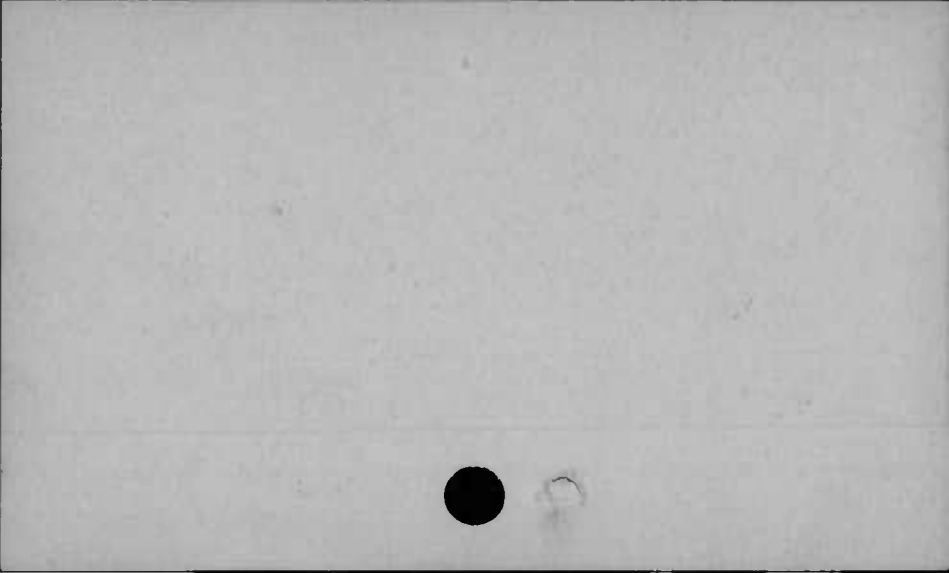
Accident, Suicide, Homicide

Reported by

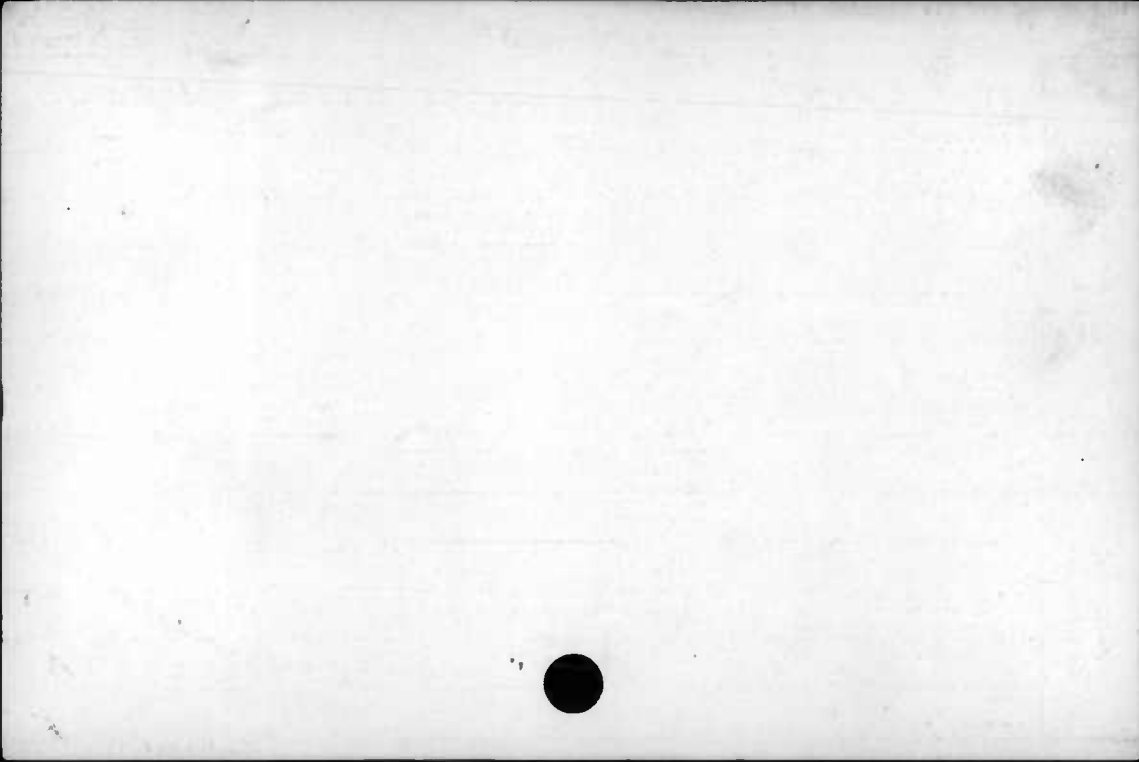
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name in Full		James Wesley Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town New Windsor	County Carroll		MARYLAND	
	Date of death	1905	Month June	Day 11	Age	Years	Months —
	Sex	Male	Color or Race	White		Birth-place	Md
	Occupation	—			Where Residing if not at place of death		
	Married, Single or Widowed	Single			Name of Wife or Husband Arrie Smith		
	Father's Name	Arrie Smith			Father's Birthplace	Md	
PHYSICIAN OR CORONER	Mother's Maiden Name	Lizzie Gentry			Mother's Birthplace	Md	
	Name of person giving information	Arrie Smith			How related to deceased	Father	
	CAUSES OF DEATH						
	Primary	Still Born				How long	9
Immediate	Are the name, age, sex, color, date and place correctly given above?				How long		
		Signature of Physician		J. H. Bankard			
		Address		Undertaker			
		Accident or Suicide?		New Windsor Md			



Name
in
Full

CERTIFICATE OF DEATH

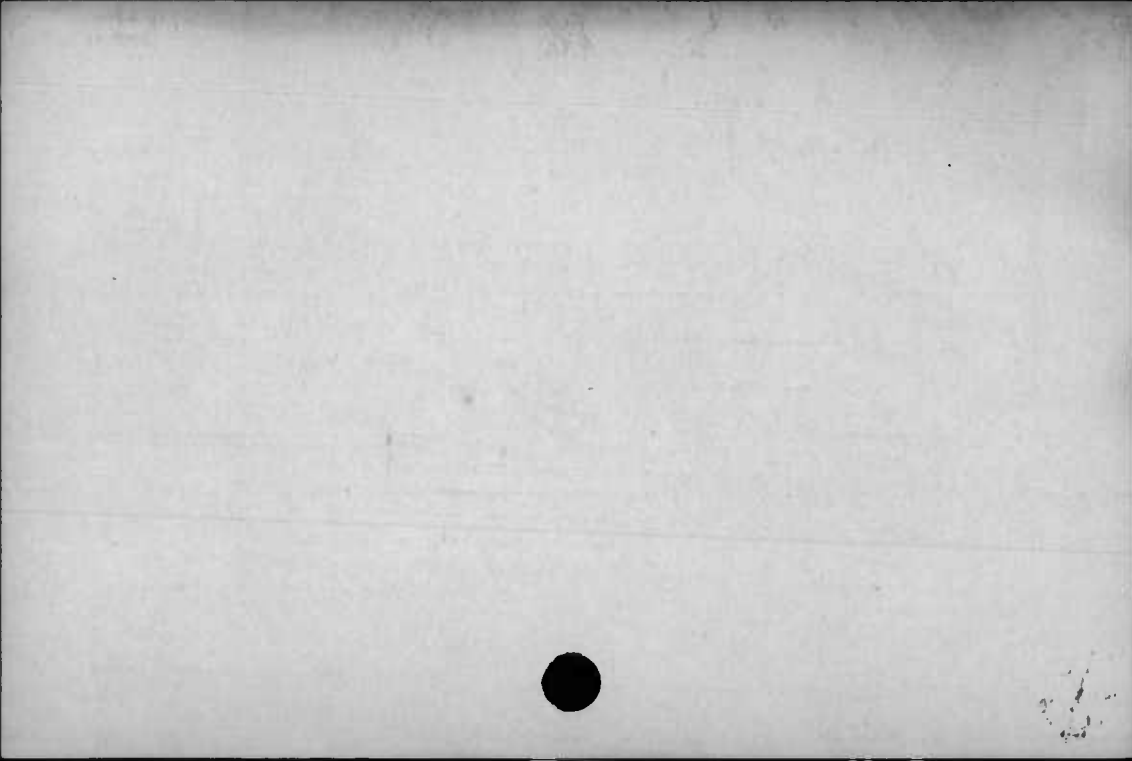
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1905		June	seventh	Age 46	5-	13
Sex	Male		Color or Race	White		Birth-place
Occupation	Farmer		Where Residing if not at place of death		Greenmount	
Married, Single or Widowed	Married		Name of Wife or Husband		Ida V Stansbury	
Father's Name	George W. Stansbury				Father's Birthplace	Greenmount
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cold	How long	5 days
Immediate	Consumption	How long	3 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. C. Wells
Yes		Address	Hamlet, Ind
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patapeco</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i> Month <i>June</i> Day <i>17</i>	Age <i>65</i> Years		Months		Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>On Railroad</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>not known</i>			
Father's Name <i>Don't know</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mr W Fogle</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>R.R. Accident</i>	How long
Immediate <i>Shock</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas R Fogle MD</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>accident</i>	

Thurnour -

Stoner

Name
in
Full

CERTIFICATE OF DEATH

Chilton Stephen

Town

County

MARYLAND

Died at

Westminster

Carroll

Date

Month

Day

Years

Months

Days

of death

1905 June

4

Age

36

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Clerk

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Andrew W. Stephen

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary M. Denton

Mother's
Birthplace

"

Name of person giving
Information

"

"

"

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Fracture Skull

164

How long

12 hrs.

Immediate

Concussion Brain

How long

12 hrs.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Wm D Wells

Address

Westminster

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Maria J Stoner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town <i>Carroll</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>June</i> Day <i>17</i> Age <i>65</i> Years Months <i>—</i> Days <i>—</i>	Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>MD</i>	Occupation <i>—</i> Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>John Stoner</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Troxell</i>	Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Mrs Sarah Warner</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary <i>Stomach Poisoning</i>	How long <i>2 weeks</i>
Immediate <i>Heat Exhaustion</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas R Foutz MD</i>
	Address <i>Westminster MD</i>
Accident or Suicide? <i>—</i>	

Double Pipe Creek cemetery.

slow

~~Pipe Creek~~

Name

in
Full

Frank Sweeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Patapsco</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>17</i>	Years <i>19</i>	Months		Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>R.R. Employee</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>McClennen Sweeney</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name				Mother's Birthplace <i>11</i>			
Name of person giving information <i>E. J. Wade</i>				How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>R.R. Accident</i>	How long	<i>10</i>
	Immediate	<i>Shock</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
	Signature of Physician <i>Chas R. Fout MD</i>		Address <i>Westminster Md</i>	
Accident or Sickness?		<i>accident</i>		

Tharmon

~~Tharmon~~

Stomach

Name
in
Full

Harry Sweeney

CERTIFICATE OF DEATH

Died at *Potomac* Town

County

Carroll

MARYLAND

Date of death *1905* Month *June*

Day

17

Years

Age

16

Months

Days

Sex *Male*

Color or Race

White

Birth-place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
HusbandFather's
Name*Charles Sweeney*Father's
Birthplace*Md.*Mother's
Maiden Name*Robert Knott*Mother's
Birthplace*LI*Name of person giving
information*Es. J. Wade*How related
to deceased*Friend*

CAUSES OF DEATH

Primary

R.R. accident

How long

Immediate

Shock

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Chas R Fort, Md.**Westminster**Md.*

Accident or Suicide?

*accident*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Thurmont

Thurmont

5. hour

Name
in
Full

CERTIFICATE OF DEATH

W^c Clellan Sweeney

Died at

Pataasco

County

Carroll

MARYLAND

Date

of death *1906*

Month

June

Day

17

Age

Years

30

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

RR Laborer

Where Residing if not
at place of death

Thurmont Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Don't Know

Father's
Name

Don't Know

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

E. J. Wade

How related
to deceased

Son

CAUSES OF DEATH

Primary

How long

Immediate

Rail road Wreck

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Frank C. Shaver
Westminster
Undertaker

Accident or?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Shaver

Sumner

Name
in
Full

CERTIFICATE OF DEATH

Wm J Sweeney

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patafisco</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>June</i> <small>Month</small>	<i>17</i> <small>Day</small>	<i>21</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Shurmont Ind.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>McClellan Sweeney</i>	Father's Birthplace				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace				
Name of person giving information <i>E. J. Wade</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>112</i>	How long
Immediate <i>Rail road wreck</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank C. Phares</i>	
	Address <i>Westminster</i>	
	<i>Undertaker</i>	
Accident or Suicide?	<i>Ind.</i>	

Shaver.

Hummer!

Name
in
Full


Anna Hollace Wilson

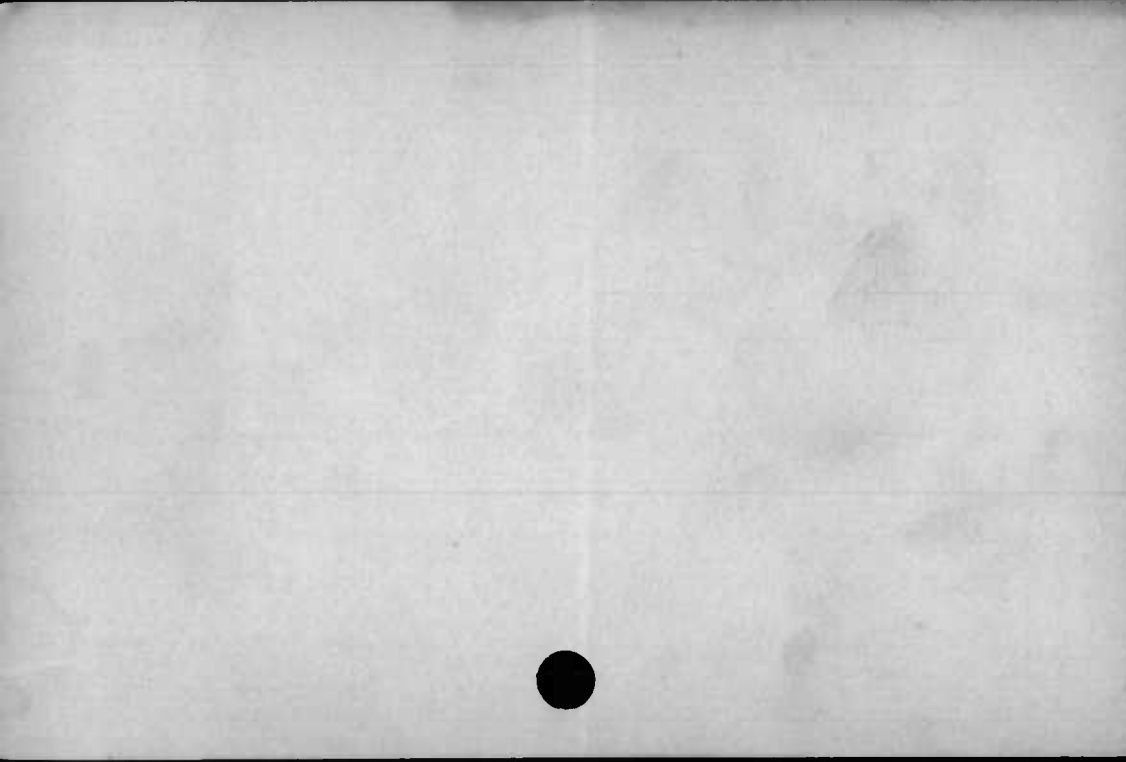
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oakland		County Carroll		MARYLAND	
Date of death		1905	Month June	Day 23	Age —	Months 4	Days —
Sex Female		Color or Race White		Birth-place Md.			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed X				Name of Wife or Husband —			
Father's Name J. T. Wilson				Father's Birthplace Md.			
Mother's Maiden Name Emma Murray				Mother's Birthplace Md.			
Name of person giving information J. T. Wilson				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER 	Primary	Cholera-in-fantum	How long	2 days.
	Immediate	Convulsions	How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician H. M. H. Hard.		Address Harrisonville Md.	
Accident or Suicide?				



Name
in
Full

Unknown

No. 113

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Near Union Bridge**Carroll*

Date

of death *1905*

Month

6

Day

6

Years

Age *about 55*

Months

Days

Sex

*Man*Color or
Race*White*Birth-
place

Occupation

*Tramp*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information*Coroner's Jury*How related
to deceased

CAUSES OF DEATH

Primary

Accidental (R.R. accident)

How long

Immediate

Fracture of skull.

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*W. Hubert Brown M.D.
Union Bridge
Carroll Co.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

